

Name  
in  
Full

X

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cockville</i>		Town <i>Shmmarys</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>4</i>	Day <i>29</i>	Age <i>42</i>	Months	Days		
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation <i>Former</i>			Where Residing if not at place of death				
Married, <del>Single</del> <del>or Widowed</del>		Name of Wife or Husband <i>J. M. Dixon</i>					
Father's Name <i>Joseph Dixon</i>			Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Miss Newton</i>			Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>S. M. James</i>			How related to deceased <i>Bro in Law</i>				

PHYSICIAN  
OR CORONER

<i>involved bronchial tubes</i>		CAUSES OF DEATH		(45)	
Primary	<i>Sarcoma of chest and</i>			How long	<i>2 years</i>
Immediate	<i>Suppuration</i>			How long	<i>3 mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>J. O. Kiley</i>		
			Address <i>Cockville Ind</i>		
Accident or Suicide?					



Name  
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Ann L. Evans

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hollywood</i>		Town		<i>St. Mary's Co.</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>April</i>		Day <i>21</i>		Age <i>58</i>		Years	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>not known</i>		Months		Days	
Occupation <i>Housewife</i>		Where Residing if not at place of death							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James E. Evans</i>							
Father's Name <i>not known</i>		Father's Birthplace <i>not known</i>							
Mother's Maiden Name <i>Whitney</i>		Mother's Birthplace <i>not known</i>							
Name of person giving information <i>W. E. Mattingley</i>		How related to deceased <i>not at all</i>							

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Atrophy of Stomach</i>	How long	<i>16 months</i>
Immediate	<i>Diarrhoea</i>	How long	<i>Several months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. J. Greenwell</i>
		Address	<i>Leonard Town</i>
Accident or Suicide?			



Name  
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Virtue Heard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Leontown</i> <sup>Town</sup>		<i>St Marys</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	<i>April</i> <sup>Month</sup>	<i>19</i> <sup>Day</sup>	<i>20</i> <sup>Years</sup>	<i></i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>St Marys Co</i>			
Occupation <i>Housekeeper for father</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>James Heard</i>	Father's Birthplace <i>St Marys Co</i>				
Mother's Maiden Name <i>Mamie Pope</i>	Mother's Birthplace <i>St Marys Co</i>				
Name of person giving information <i>James Heard</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Lymphoid Leukaemia</i>	How long <i>Two days</i>
Immediate <i>Peritonitis</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos Lynde</i>
	Address <i>Leontown</i>
Accident or Suicide? <i></i>	



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*Elvise Mayor*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

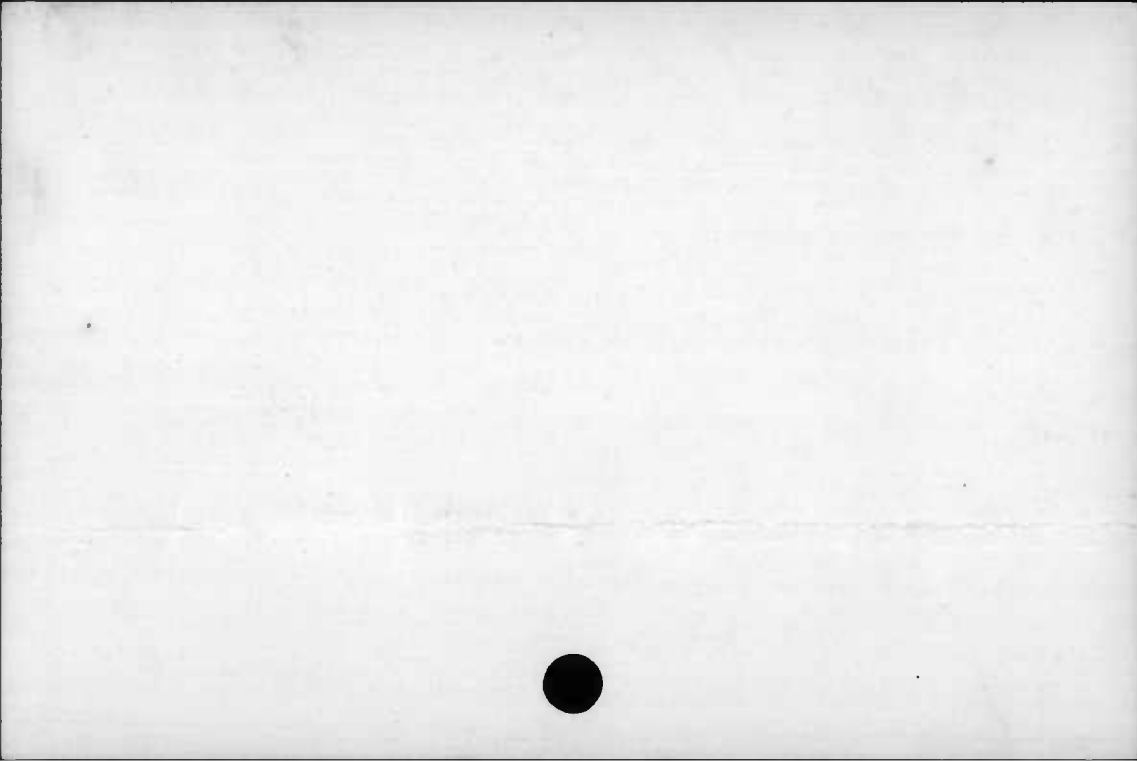
Died at <i>Scotland</i> Town		<i>St Marys</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>April</i>	Day <i>23</i>	Age <i>4 1/2</i>	Years Months Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>St Marys</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <i>Edward Mayor</i>			Father's Birthplace <i>Ma</i>		
Mother's Maiden Name <i>Lenie Hommet</i>			Mother's Birthplace <i>Ma</i>		
Name of person giving information <i>Miss Ridgely</i>			How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

9

PHYSICIAN  
OR CORONER

Primary <i>Diphtheria</i>	How long <i>7 days</i>
Immediate <i>Septic Infection</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. Lloyd</i>
	Address <i>Ridge Pl.</i>
	<i>Ma</i>
Accident or Suicide?	





Name  
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Full

A. A. Hood

X  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Holly wood</i> Town		<i>St Mary's</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>4</i>	Day <i>4</i>	Age <i>70</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
Occupation <i>Former</i>			Where Residing if not at place of death		
Married, <del>Single</del> or <del>Widowed</del>		Name of Wife or Husband <i>Jora Hood</i>			
Father's Name <i>Sandy Wood</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Leah Snow</i>			Mother's Birthplace <i>Leah Know</i>		
Name of person giving information <i>Clarence Wood</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

177

PHYSICIAN  
OR CORONER

Primary <i>br apay</i>	How long <i>3 moe</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. O. King</i>
	Address <i>Cork Hill Ind</i>
Accident or Suicide?	

